Exhibit N

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: Charlie D. Hall, Sr.

Date of Birth: 12/16/1973 Social Security Number: [redacted]

1. I authorize the use or disclosure of the above-named individual's health information as described below:

2. The following individual or organization is authorized to make disclosure:

Dr. George Vega

3. The type and amount of information to be used or disclosed is as follows (Include dates where appropriate):

ENTIRE RECORD

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immonodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and/or drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

Vicki S. Carlton, Sadler, Esq.,ADORNO & YOSS
Address: 1349 Peachtree St., NE., Suite 1500, Atlanta, GA 30309
For the purpose of: Lawsuit filed by Plaintiff

6. **EXPIRATION**: This authorization expires after a **single use**, or sixty days from the date below, whichever occurs first.

7. The law firm described in Paragraph 5 will be responsible for all costs incurred by the healthcare provider.

Charlie D. Hall Sr
CHARLIE D. HALL, SR.

11/16/09
DATE

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: Charlie D. Hall, Sr.

Date of Birth: 12/16/1973 Social Security Number: [redacted]

1. I authorize the use or disclosure of the above-named individual's health information as described below:

2. The following individual or organization is authorized to make disclosure:

Dr. Robert D. Yant

3. The type and amount of information to be used or disclosed is as follows (Include dates where appropriate):

ENTIRE RECORD

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immonodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and/or drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

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Address: 1349 Peachtree St., NE., Suite 1500, Atlanta, GA 30309
For the purpose of: Lawsuit filed by Plaintiff

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7. The law firm described in Paragraph 5 will be responsible for all costs incurred by the healthcare provider.

Charlie D. Hall Sr. 11/16/09

CHARLIE D. HALL, SR. DATE

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: Charlie D. Hall, Sr.

Date of Birth: 12/16/1973 Social Security Number: [redacted]

1. I authorize the use or disclosure of the above-named individual's health information as described below:

2. The following individual or organization is authorized to make disclosure:

   Injured Workers Pharmacy LLC

3. The type and amount of information to be used or disclosed is as follows (Include dates where appropriate):

   ENTIRE RECORD

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immonodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and/or drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

   Vicki S. Carlton, Sadler, Esq.,ADORNO & YOSS
   Address: 1349 Peachtree St., NE., Suite 1500, Atlanta, GA 30309
   For the purpose of: Lawsuit filed by Plaintiff

6. **EXPIRATION**: This authorization expires after a **single use,** or sixty days from the date below, whichever occurs first.

7. The law firm described in Paragraph 5 will be responsible for all costs incurred by the healthcare provider.

CHARLIE D. HALL, SR.

11/16/09
DATE

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: Charlie D. Hall, Sr.

Date of Birth: 12/16/1973 Social Security Number: [redacted]

1. I authorize the use or disclosure of the above-named individual's health information as described below:

2. The following individual or organization is authorized to make disclosure:

Pavilion Pharmacy
1325 San Marco Blvd.
Jacksonville, FL 32207

3. The type and amount of information to be used or disclosed is as follows (Include dates where appropriate):

ENTIRE RECORD

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immonodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and/or drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

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Address: 1349 Peachtree St., NE., Suite 1500, Atlanta, GA 30309
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7. The law firm described in Paragraph 5 will be responsible for all costs incurred by the healthcare provider.

Charlie D. Hall Sr. 11/16/09

CHARLIE D. HALL, SR. DATE

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: Charlie D. Hall, Sr.

Date of Birth: 12/16/1973 Social Security Number: [redacted]

1. I authorize the use or disclosure of the above-named individual's health information as described below:

2. The following individual or organization is authorized to make disclosure:

Walgreens Pharmacy
5340 Soutel Drive
Jacksonville, FL

3. The type and amount of information to be used or disclosed is as follows (Include dates where appropriate):

ENTIRE RECORD

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immonodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and/or drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

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Address: 1349 Peachtree St., NE., Suite 1500, Atlanta, GA 30309
For the purpose of: Lawsuit filed by Plaintiff

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Charlie D. Hall Sr.
CHARLIE D. HALL, SR.

11/16/09
DATE

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: Charlie D. Hall, Sr.

Date of Birth: 12/16/1973 Social Security Number: [redacted]

1. I authorize the use or disclosure of the above-named individual's health information as described below:

2. The following individual or organization is authorized to make disclosure:

Walmart Supercenter
1024 S. Hwy. 19
Palatka, FL 32177

3. The type and amount of information to be used or disclosed is as follows (Include dates where appropriate):

ENTIRE RECORD

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immonodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and/or drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

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For the purpose of: Lawsuit filed by Plaintiff

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Charlie D. Hall Sr. 11/16/09

CHARLIE D. HALL, SR. DATE

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: Charlie D. Hall, Sr.

Date of Birth: 12/16/1973 Social Security Number: [redacted]

1. I authorize the use or disclosure of the above-named individual's health information as described below:

2. The following individual or organization is authorized to make disclosure:

Walmart Supercenter
6586 Ga. Hwy. 40E
St. Marys, GA

3. The type and amount of information to be used or disclosed is as follows (Include dates where appropriate):

ENTIRE RECORD

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immonodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and/or drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

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For the purpose of: Lawsuit filed by Plaintiff

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Charlie D. Hall Sr. 11/16/09

CHARLIE D. HALL, SR. DATE